

Louisiana Insurers' Conference

**ANNUAL LOUISIANA
INSURANCE COMPLIANCE
SEMINAR & LEGISLATIVE REVIEW**

August 5-7, 2015

Renaissance Hotel | Baton Rouge, LA



COMPLIANCE CONNECTIONS

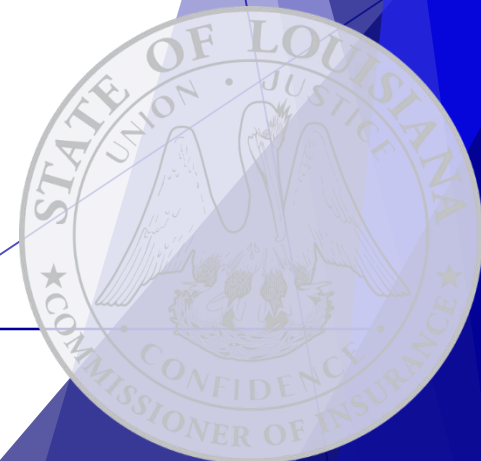
Revenue Services Division

LDI Tax Filings (Form 1061)

Bernadine Jones

Compliance Examiner Manager

August 6, 2015



Licensee Contacts

Producer/Adjuster Portal

View Mobile License Card

| | |
|----------------------|--|
| Licensee: | This is a Test Company |
| IA Administrator: | Michael Boutwell |
| Administrator Email: | mboutwell@ldi.la.gov |
| Administrator Phone: | (225) 219-0620 |

Module(s):

- | | |
|---|---|
| 1076 Tax Form | Anti-Fraud Plan |
| Catastrophic Adjuster Registration | Catastrophic Adjuster Registration |
| Catastrophic Loss | Consumer Assistance Program |
| CRAFT Complaints | CRAFT Form Filing |
| CRAFT Rate Filing | HIPAA Assessments |
| Licensee Contacts | POIDRS |
|  Premium Tax Filings | Producer Tax Filing |
| Producer/Adjuster Portal | View Mobile License Card |

| | |
|----------------------|-----------------------------------|
| Licensee: | This is a Test Company Two |
| IA Administrator: | N/A |
| Administrator Email: | N/A |
| Administrator Phone: | N/A |

Module(s):

- | | |
|--------------------------|--------------------------|
| 1076 Tax Form | Anti-Fraud Plan |
| Catastrophic Loss | CRAFT Complaints |
| CRAFT Form Filing | CRAFT Rate Filing |

Louisiana Department of Insurance Online Tax Filing and Payment System

Welcome to the Online Tax Filing and Payment System of the Louisiana Department of Insurance!

The Louisiana Department of Insurance has designed its new web file application using wizard-oriented data entry screens and is excited to offer an online filing option to insurers licensed to conduct insurance business in the State of Louisiana.

Access to the web file system is through a secured environment, which ensures information sent and received via the internet is protected from unauthorized access.

Please do not mail a paper filing, if you are submitting your statement via this web file application, as this could cause confusion and further delay in the processing of your statement. If you have filed electronically and received confirmation of your filing, be assured that your Premium Tax Statement resides in this Department's database.

Notice to insurers filing electronically: Your electronic filing and the related payment, if any, must be completed on or before the due date.

We want to thank you, in advance, for using our web file services, which are designed to be a more convenient, faster, and accurate alternative to paper filing. If assistance is needed anytime before or during the web file process, please contact a representative of the Tax Division via e-mail to taxdivision@ldi.la.gov.



Form 1061 Annual Tax

Form 1071 Quarterly Prepayment

To request assistance, please contact a representative of the Tax Division at: taxdivision@ldi.la.gov

LOUISIANA DEPARTMENT OF INSURANCE

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[Check Current Balances](#)

| Filer | |
|-----------------|------------------------|
| Lance Herrin | Select |
| Tommy Coco | Select |
| Jane Doe | Select |
| Tommy Coco | Select |
| J V | Select |
| Bernadine Jones | Select |
| Hoang Nguyen | Select |

| | | | |
|---|----------------------|---|---------------------------------------|
| First:* | Middle: | Last:* | Suffix: |
| <input type="text" value="Hoang"/> | <input type="text"/> | <input type="text" value="Nguyen"/> | <input type="text"/> |
| Title: | | Phone: * (999) 999-9999x99999 | |
| <input type="text" value="Software Engineer"/> | | <input type="text" value="(225)219-7740 x_____"/> | |
| Email:* | | Fax: (999) 999-9999x99999 | |
| <input type="text" value="hnguyen@lda.la.gov"/> | | <input type="text"/> | |
| | | <input type="button" value="Save"/> | <input type="button" value="Cancel"/> |



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Existing 1061 Forms

| Version | Tax Form | Status | Date | |
|---------|-------------|-----------|-----------|----------------------|
| 1 | 1061 (2011) | Processed | 1/18/2012 | View |

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Introduction

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1061 Introduction

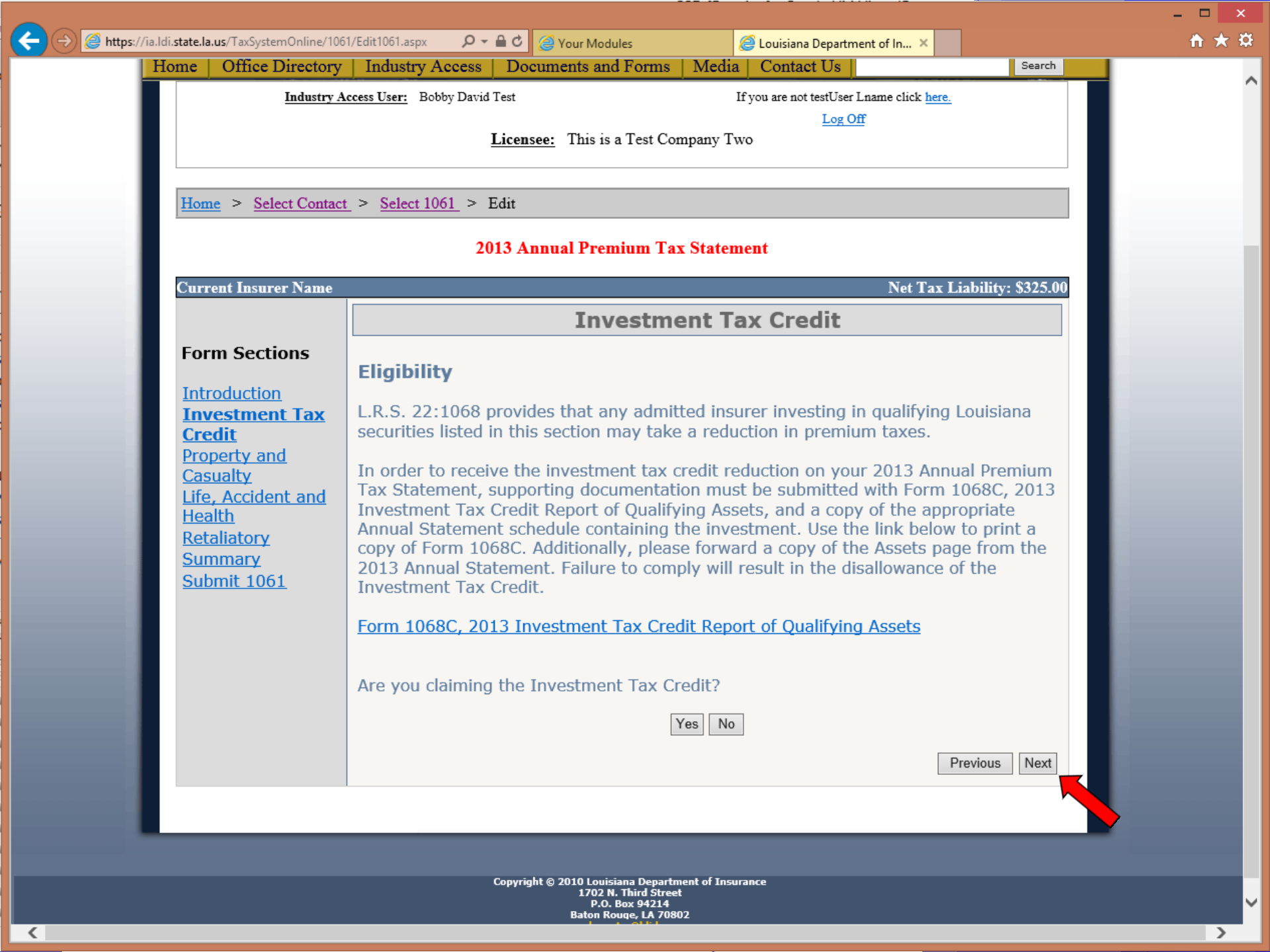
This tax wizard has been developed in order to assist you in submitting your company's Premium Tax Statement, Form 1061, online. It is recommended that you have a copy of your Schedule T, State Page and any tax credit information available before beginning the tax wizard. A hard copy of Form 1061 can be printed on the Summary page.

To maneuver within this tax wizard, use the navigational buttons at the bottom of the pages or advance to the beginning of a section by clicking the section's link on the screen's left-hand side. Beginning with the question below, the tax wizard will walk you through the online filing process by asking for answers to questions and/or by asking for data. If for some reason it is necessary to leave this application before completion, data entered up to the point of exit should be maintained. Please recheck your last field of entry or selection when continuing to ensure it has been captured.

Please select the lines of insurance you have authority to write:

- ☐ Property and Casualty
☒ Life and/or Accident and Health





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2013 Annual Premium Tax Statement

Current Insurer Name

Net Tax Liability: \$325.00

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Investment Tax Credit

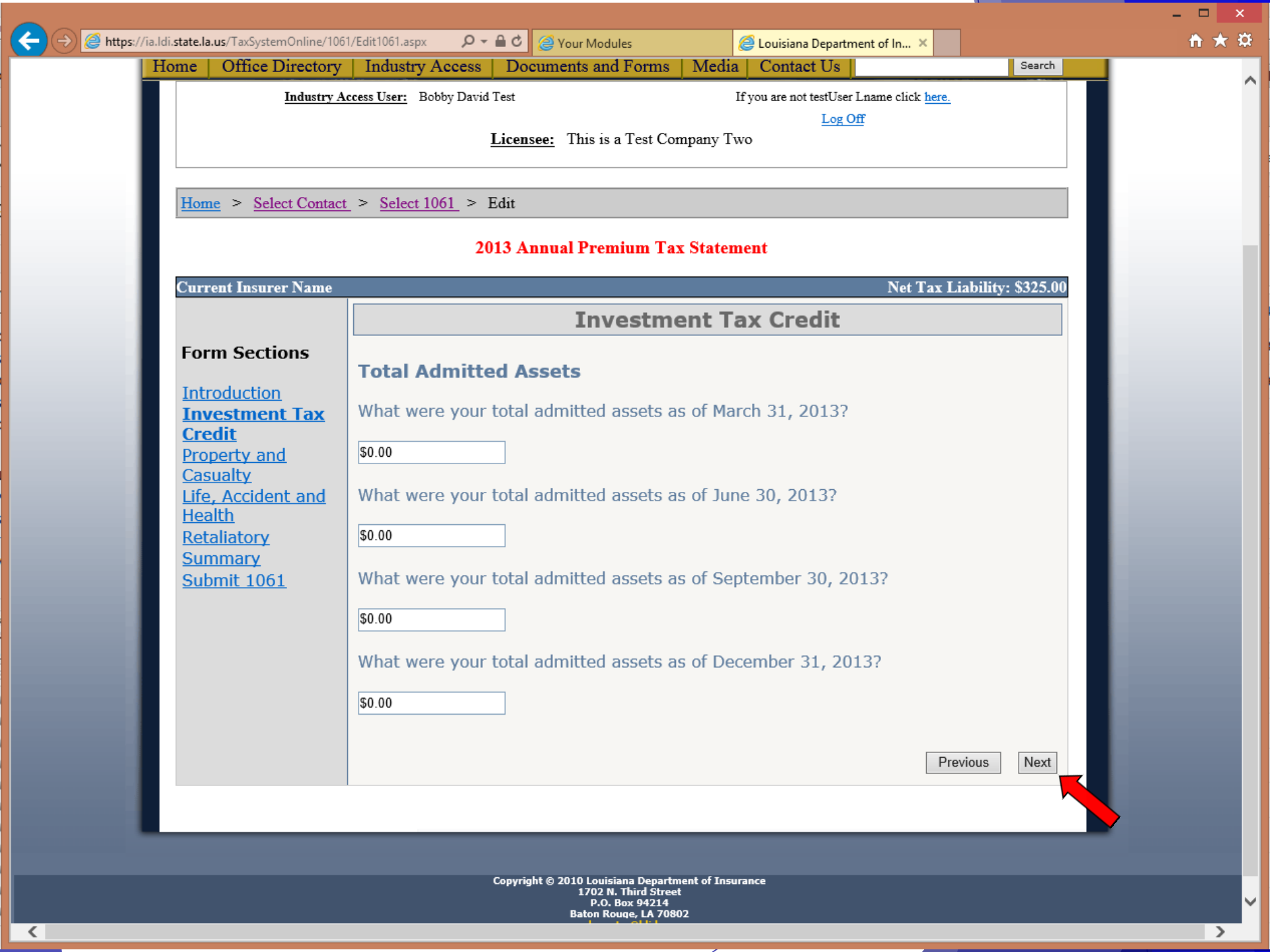
Eligibility

L.R.S. 22:1068 provides that any admitted insurer investing in qualifying Louisiana securities listed in this section may take a reduction in premium taxes.

In order to receive the investment tax credit reduction on your 2013 Annual Premium Tax Statement, supporting documentation must be submitted with Form 1068C, 2013 Investment Tax Credit Report of Qualifying Assets, and a copy of the appropriate Annual Statement schedule containing the investment. Use the link below to print a copy of Form 1068C. Additionally, please forward a copy of the Assets page from the 2013 Annual Statement. Failure to comply will result in the disallowance of the Investment Tax Credit.

[Form 1068C, 2013 Investment Tax Credit Report of Qualifying Assets](#)

Are you claiming the Investment Tax Credit?



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2013 Annual Premium Tax Statement

Current Insurer Name

Net Tax Liability: \$325.00

Investment Tax Credit

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Total Admitted Assets

What were your total admitted assets as of March 31, 2013?

\$0.00

What were your total admitted assets as of June 30, 2013?

\$0.00

What were your total admitted assets as of September 30, 2013?

\$0.00

What were your total admitted assets as of December 31, 2013?

\$0.00

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2013 Annual Premium Tax Statement

Current Insurer Name Net Tax Liability: \$325.00

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Property and Casualty

Property and Casualty Premiums


Add New Premium Line

Premium Line

▼

Amount

☐ Some or all of this premium is exempt from tax.



Premium Lines

| Premium Line | A.S. Page/Line | Amount | |
|---------------------------------------|----------------|--------|---|
| Fire | 20 / 1 | \$0.00 | Edit Delete |
| Allied Lines | 20 / 2.1 | \$0.00 | Edit Delete |
| Multiple Peril Crop | 20 / 2.2 | \$0.00 | Edit Delete |
| Federal Flood | 20 / 2.3 | \$0.00 | Edit Delete |
| Farmowners Multiple Peril | 20 / 3 | \$0.00 | Edit Delete |
| Homeowners Multiple Peril | 20 / 4 | \$0.00 | Edit Delete |
| Commercial Multiple Peril (F&A) | 20 / 5.1 | \$0.00 | Edit Delete |
| Commercial Multiple Peril (Liability) | 20 / 5.2 | \$0.00 | Edit Delete |
| Mortgage Guaranty | 20 / 6 | \$0.00 | Edit Delete |
| Ocean Marine | 20 / 8 | \$0.00 | Edit Delete |

https://ia.idi.state.la.us/TaxSystemOnline/1061/Edit1061.aspx

Your Modules

Louisiana Department of In...

| | | | | |
|---|-----------|--------|----------------------|------------------------|
| Inland Marine | 20 / 9 | \$0.00 | Edit | Delete |
| Financial Guaranty | 20 / 10 | \$0.00 | Edit | Delete |
| Medical Professional Liability | 20 / 11 | \$0.00 | Edit | Delete |
| Earthquake | 20 / 12 | \$0.00 | Edit | Delete |
| Workers' Compensation | 20 / 16 | \$0.00 | Edit | Delete |
| Other Liability - Occurrence | 20 / 17.1 | \$0.00 | Edit | Delete |
| Other Liability - Claims Made | 20 / 17.2 | \$0.00 | Edit | Delete |
| Excess Workers' Compensation | 62 / 17.3 | \$0.00 | Edit | Delete |
| Products Liability | 20 / 18 | \$0.00 | Edit | Delete |
| Private Passenger Auto No-Fault (Personal Injury Protection) | 20 / 19.1 | \$0.00 | Edit | Delete |
| Other Private Passenger Auto Liability | 20 / 19.2 | \$0.00 | Edit | Delete |
| Commercial Auto No-Fault (Personal Injury Protection) | 20 / 19.3 | \$0.00 | Edit | Delete |
| Other Commercial Auto Liability | 20 / 19.4 | \$0.00 | Edit | Delete |
| Private Passenger Auto Physical Damage (Including Vehicle Fire) | 20 / 21.1 | \$0.00 | Edit | Delete |
| Commercial Auto Physical Damage (Including Vehicle Fire) | 20 / 21.2 | \$0.00 | Edit | Delete |
| Aircraft (All Perils) | 20 / 22 | \$0.00 | Edit | Delete |
| Fidelity | 20 / 23 | \$0.00 | Edit | Delete |
| Surety | 20 / 24 | \$0.00 | Edit | Delete |
| Burglary and Theft | 20 / 26 | \$0.00 | Edit | Delete |
| Boiler and Machinery | 20 / 27 | \$0.00 | Edit | Delete |
| Credit | 20 / 28 | \$0.00 | Edit | Delete |
| Warranty | 61 / 30 | \$0.00 | Edit | Delete |
| Title | N/A | \$0.00 | Edit | Delete |
| Aggregate Write-Ins for Other Lines of Business | 20 / 34 | \$0.00 | Edit | Delete |
| Finance and Service Charges (Allocated to Fire and Casualty) | 20 / (a) | \$0.00 | Edit | Delete |
| Totals: | | \$0.00 | | |

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Industry Access User: Bobby David TestIf you are not testUser Lname click [here](#).[Log Off](#)**Licensee:** This is a Test Company Two[Home](#) > [Select Contact](#) > [Select 1061](#) > Edit**2013 Annual Premium Tax Statement****Current Insurer Name****Net Tax Liability: \$325.00****Form Sections**[Introduction](#)[Investment Tax](#)[Credit](#)[Property and
Casualty](#)[Life, Accident and
Health](#)[Retaliatory](#)[Summary](#)[Submit 1061](#)**Property and Casualty****Military Discount Credit**

The Military Premium Discount Law – L.R.S. 22:1425 creates an insurance premium discount program for active military personnel based in Louisiana. The law creates a program whereby an insurer is entitled to a tax credit against the premium taxes imposed under LSA-R.S. 22:1061 and 1065 for the amount of the military discount provided to qualified active military personnel for the liability portion of their personal automobile liability policy.

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Casualty](#)[Life, Accident and
Health](#)[Retaliatory](#)[Summary](#)[Submit 1061](#)**Property and Casualty****Property and Casualty Summary**

Please review the summary of your Property and Casualty Section below for accuracy.

| | |
|--|----------|
| Net Taxable Premiums | \$0.00 |
| Gross Tax Calculation | \$185.00 |
| Investment Tax Credit | \$0.00 |
| LIGA Tax Credit | \$0.00 |
| CAPCO Tax Credit | \$0.00 |
| New Markets Tax Credit | \$0.00 |
| Military Tax Credit | \$0.00 |
| Net Tax | \$185.00 |

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Industry Access User: Bobby David TestIf you are not testUser Lname click [here](#).[Log Off](#)**Licensee:** This is a Test Company Two[Home](#) > [Select Contact](#) > [Select 1061](#) > Edit**2013 Annual Premium Tax Statement****Current Insurer Name****Net Tax Liability: \$325.00****Life, Accident and Health****Form Sections**[Introduction](#)
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Annual Premium Computation. The annual premium in this part shall be the gross amount of direct premiums, excluding premiums on annuity contracts, for the preceding year, less return premiums without any deductions for dividends paid or otherwise credited to policyholders, and without consideration for reinsurance (L.R.S. 22§1066).

Premiums Written During 2013 - Total must be equal to premium reported on the Annual Statement Schedule T and State Page for Life, Accident & Health Insurers; State Page for Property and Casualty Insurers or Underwriting and Investment Exhibit, Part 1 -- Premiums for HMOs.

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2013 Annual Premium Tax Statement

Current Insurer Name

Net Tax Liability: \$325.00

Life, Accident and Health

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Life, Accident and Health Premiums

Add New Premium Line

Section

Accident and Health / HMO ▼

Premium Line

▼

Amount

☐ Some or all of this premium is exempt from tax.

[Add Line](#)

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and Health](#)[Retaliatory](#)[Summary](#)[Submit 1061](#)**Life, Accident and Health****Life, Accident and Health Premiums**

Add New Premium Line

Section

Accident and Health / HMO ▼

Premium Line

Group
Federal Employees Health Benefits Program
Credit (Group and Individual)
Collectively Renewable Policies
Individual Non-Cancelable
Individual Guaranteed Renewable
Individual Non-Renewable for Stated Reasons Only
Individual Other (Accident Only)
Individual All Other
Finance and Service Changes (Not Included Above)
Medicare Title XVIII (exempt)

from tax.

Add Line

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[Submit 1061](#)**Life, Accident and Health Summary**

Please review the summary of your Life, Accident and Health Section below for accuracy.

| | |
|--|----------|
| Net Taxable Premiums | \$0.00 |
| Gross Tax Calculation | \$140.00 |
| Investment Tax Credit | \$0.00 |
| LLHIGA Tax Credit | \$0.00 |
| CAPCO Tax Credit | \$0.00 |
| New Markets Tax Credit | \$0.00 |
| Net Tax | \$140.00 |

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Louisiana imposes a retaliatory tax (L.R.S. 22:1079) on insurers domiciled in states where the premium taxes, fees and other obligations, which would be charged to a Louisiana insurer doing business in that same domiciliary state, are higher than those charged by Louisiana to a foreign insurer at an identical premium base. Assessments by insurance guaranty associations or similar organizations are not considered in the retaliatory tax calculation.

If your state of domicile has a lower aggregate premium tax rate than Louisiana, you may not have to complete the retaliatory portion of Form 1061.

Is the aggregate tax rate of your domicile state 2.5% or higher?

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List premium taxes and fees payable by your company to Louisiana. Do not include agents' fees which are calculated and billed separately by the Producer License Division.

| Name | Premiums | Taxes and Fees | |
|---------------------------|----------|----------------|----------------------|
| Life, Accident and Health | \$0.00 | \$140.00 | Edit |
| Property and Casualty | \$0.00 | \$0.00 | Edit |
| Fire | \$0.00 | \$0.00 | Edit |
| Municipal | \$0.00 | \$0.00 | Edit |
| LIFA | \$0.00 | \$0.00 | Edit |
| LIRC | \$0.00 | \$0.00 | Edit |
| HIPAA | \$0.00 | \$0.00 | Edit |
| Filing Fee | \$0.00 | \$1,000.00 | Edit |
| PIA of LA Fees | \$0.00 | \$0.00 | Edit |
| Agents Fees | \$0.00 | \$0.00 | Edit |
| Totals: | \$0.00 | \$1,140.00 | |

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List all premium taxes and fees which a Louisiana-domiciled company would have paid in your State of domicile with an identical 2013 Louisiana premium base. Do not include agents' fees which are calculated and billed separately by the Producer License Division.

| Name | Premiums | Taxes and Fees | |
|---------------------------|----------|----------------|----------------------|
| Life, Accident and Health | \$0.00 | \$0.00 | Edit |
| Property and Casualty | \$0.00 | \$0.00 | Edit |
| Fire | \$0.00 | \$0.00 | Edit |
| Municipal | \$0.00 | \$0.00 | Edit |
| Filing Fee | \$0.00 | \$0.00 | Edit |
| Other Premiums and Taxes | \$0.00 | \$0.00 | Edit |
| Other Fees | \$0.00 | \$0.00 | Edit |
| Agents Fees | \$0.00 | \$0.00 | Edit |
| Totals: | \$0.00 | \$0.00 | |

Total Retaliatory Tax: \$0.00

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Review 1061

Please review the summary of your 1061 for accuracy before submitting.

 [View Print Friendly Version](#)

Property and Casualty Premium Tax

| | |
|---------------------------------|----------|
| Net Taxable Premiums | \$0.00 |
| Gross Tax Calculation | \$185.00 |
| LIGA Tax Credit | \$0.00 |
| Military Credit | \$0.00 |
| Net Tax | \$185.00 |

Life, Accident and Health Premium Tax

| | |
|-----------------------------------|----------|
| Net Taxable Premiums | \$0.00 |
| Gross Tax Calculation | \$140.00 |
| LLHIGA Tax Credit | \$0.00 |
| Net Tax | \$140.00 |

Fire Tax

| | |
|----------------------|--------|
| Taxable Premiums | \$0.00 |
| Fire Marshal Tax | \$0.00 |
| Fire Department Tax | \$0.00 |
| Firemen Training Tax | \$0.00 |
| Fire Tax Total | \$0.00 |

Retaliatory Tax

| | |
|-----------------------|--------|
| Total Retaliatory Tax | \$0.00 |
|-----------------------|--------|

Summary

| | |
|----------------------------------|------------|
| Total Tax | \$325.00 |
| Military Credit | \$0.00 |
| Total Quarterly Payments | \$0.00 |
| Carryforward from Previous Years | \$0.00 |
| Penalty | \$65.00 |
| Filing Fee | \$1,000.00 |
| Total Amount Due | \$1,390.00 |

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1. I, testUser Lname , attest that I am authorized to file this statement and that the statement provided is true and correct to the best of my knowledge, information, and belief.
2. The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

☐ Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge, information, and belief, it is true, correct, and complete.

Please click the Submit 1061 button **ONLY ONCE**. Processing may take some time.

Submit 1061

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The submission was successful. You should receive a confirmation email shortly.

You can print a copy for your records by clicking [View Print Friendly Version](#).

If you owe a balance, please click "Next" below to proceed to payment.

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Payment

Submit Payment

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Property and Casualty Premium Tax

| | |
|---------------------------------|----------|
| Net Taxable Premiums | \$0.00 |
| Gross Tax Calculation | \$185.00 |
| LIGA Tax Credit | \$0.00 |
| Military Credit | \$0.00 |
| Net Tax | \$185.00 |

Life, Accident and Health Premium Tax

| | |
|-----------------------------------|----------|
| Net Taxable Premiums | \$0.00 |
| Gross Tax Calculation | \$140.00 |
| LLHIGA Tax Credit | \$0.00 |
| Net Tax | \$140.00 |

Fire Tax

| | |
|----------------------|--------|
| Taxable Premiums | \$0.00 |
| Fire Marshal Tax | \$0.00 |
| Fire Department Tax | \$0.00 |
| Firemen Training Tax | \$0.00 |
| Fire Tax Total | \$0.00 |

Retaliatory Tax

| | |
|-----------------------|--------|
| Total Retaliatory Tax | \$0.00 |
|-----------------------|--------|

Summary

| | |
|---|------------|
| Total Tax | \$325.00 |
| Applied Quarterly Prepayments | \$0.00 |
| Carryforward from Prior Filings Applied | \$0.00 |
| Penalty | \$65.00 |
| Filing Fee | \$1,000.00 |
| Total Amount Due | \$1,390.00 |

Please select a payment method below.

- ☐ Mail Payment
☒ Pay Online

Mail Payment

Please print this [Payment Coupon](#) and attach your payment to it. It is not necessary to send a printed copy of your submitted Form 1061 to the Department.



Louisiana Insurers' Conference

**ANNUAL LOUISIANA
INSURANCE COMPLIANCE
SEMINAR & LEGISLATIVE REVIEW**

August 5-7, 2015

Renaissance Hotel | Baton Rouge, LA



COMPLIANCE CONNECTIONS

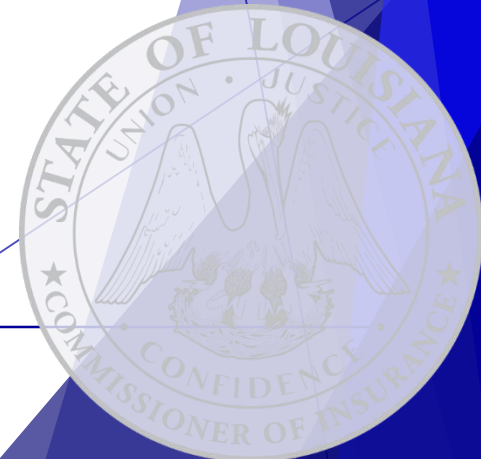
Revenue Services Division

LDI Tax Filings (Form 1071)

Bernadine Jones

Compliance Examiner Manager

Date



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Louisiana Department of Insurance Online Tax Filing and Payment System

Welcome to the Online Tax Filing and Payment System of the Louisiana Department of Insurance!

The Louisiana Department of Insurance has designed its new web file application using wizard-oriented data entry screens and is excited to offer an online filing option to insurers licensed to conduct insurance business in the State of Louisiana.

Access to the web file system is through a secured environment, which ensures information sent and received via the internet is protected from unauthorized access.

Please do not mail a paper filing, if you are submitting your statement via this web file application, as this could cause confusion and further delay in the processing of your statement. If you have filed electronically and received confirmation of your filing, be assured that your Premium Tax Statement resides in this Department's database.

Notice to insurers filing electronically: Your electronic filing and the related payment, if any, must be completed on or before the due date.

We want to thank you, in advance, for using our web file services, which are designed to be a more convenient, faster, and accurate alternative to paper filing. If assistance is needed anytime before or during the web file process, please contact a representative of the Tax Division via e-mail to taxdivision@ldi.la.gov.

Form 1061 Annual Tax

Form 1071 Quarterly Prepayment



To request assistance, please contact a representative of the Tax Division at: taxdivision@ldi.la.gov

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Home > Select Form Filer

Select Form Filer

[Check Current Balance](#)

| Filer | |
|----------------|--------|
| Andree Messiha | Select |

New Form Filer

First:*Middle:*Last:*Suffix:

Andree

Messiha

Title:

Tax Manager

Phone:*(999) 999-9999x99999

(323)932-3451 x


Email:*

andree_messiha@farmersinsurance.com

Fax: (999) 999-9999x99999

(323)932-3747 x

SaveCancel



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[Home](#) > [Select Form Filer](#) > Select 1071

Current Year 1071 Forms

If applicable, select any current year forms you would like to pay below and click the continue button.

| <input checked="" type="checkbox"/> select | Tax Form | Due Date | Status | Amount Paid |
|--|----------------|------------|----------|-------------|
| <input type="checkbox"/> | 1071 (Q1 2015) | 04/15/2015 | Not Paid | \$0.00 |
| <input type="checkbox"/> | 1071 (Q2 2015) | 07/15/2015 | Not Paid | \$0.00 |
| <input type="checkbox"/> | 1071 (Q3 2015) | 10/15/2015 | Not Paid | \$0.00 |

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[Home](#) > [Select Form Filer](#) > [Select 1071](#) > Estimated Amount Due

Estimated Amount Due

Your current overpayment balance on this account may be applied to the quarterly tax. Please pay any remaining balance due after applying the overpayment.

| | |
|----------------------|---|
| <u>1071 (Q12015)</u> | |
| Amount Due: | \$1,250.00 |
| | |
| | Estimated Total Amount Due: \$1,250.00 |
| | Estimated Overpayment to Apply: \$82.00 |



Apply Overpayment and Continue

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[Home](#) > [Select Form Filer](#) > [Select 1071](#) > Estimated Amount Due

Estimated Amount Due


Your current overpayment balance on this account is \$1,250.00. If you apply the overpayment to your account, the amount due after applying the overpayment will be \$82.00.

| | |
|--|------------|
| 1071 (Q12015) | |
| Amount Due: | \$1,250.00 |
| Estimated Total Amount Due: | |
| Estimated Overpayment to Apply: | |
| | \$82.00 |

Apply Overpayment and Continue

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Message from webpage

 Are you certain you would like to apply the overpayment to your amount due?

OKCancel



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[Home](#) > [Select Form Filer](#) > [Select 1071](#) > [Estimated Amount Due](#) > Summary

1071 Form Summary

Any tax payment not postmarked or received by the due date, will be penalized in accordance with L.R.S. 22§846. The penalty is 5% per month of the amount of tax due. In no event shall the penalty exceed twenty-five percent (25%) of the total amount of the tax due nor be less than twenty-five dollars (\$25). A penalty will be assessed if either of the following occurs: the U.S. Postal Service Postmark on the payment is after the due date; the date the payment is received by the Louisiana Department of Insurance is more than one day after the due date, if sent through any carrier other than the U.S. Postal Service.

| | |
|------------------------------|------------|
| <u>1071 (Q1 2015)</u> | |
| Due Date: | 04/15/2015 |
| Amount Due: | \$1,250.00 |
| Penalty Due: | \$233.60 |
| Overpayment Applied: | \$82.00 |
| Remaining Amount Due: | \$1,401.60 |
| Total Amount Due: \$1,401.60 | |

Please select a payment method and click the "Proceed to Payment" button.

- ☐ Mail Payment
- ☒ Pay Online

Proceed to Payment

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[Home](#) > [Select Form Filer](#) > [Select 1071](#) > [Estimated Amount Due](#) > [Summary](#) > Submit Payment

1071 Form Payment Submission

Your total amount due is \$1,401.60.

☐ Check here if this is a business check

011500337

011500337

60732

60732

Once you have entered the correct information, please click the "Submit" button ONLY ONCE. Multiple clicks could result in your account being charged multiple times.

Submit

Example Business Check:

| | | |
|---------------------------------|------------|---|
| | | 0608 |
| | | 10-10/1250 3310 |
| PAY TO THE ORDER OF _____ | DATE _____ | \$ _____ |
| | | DOLLARS  |
| FOR _____ | | |
| ⑈000608⑈ ⑆#####⑆ 1111111133330⑈ | | |

Routing Number

Account Number

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[Home](#) > [Select Contact](#) > [Select 1071](#) > Online Payment Receipt

Louisiana Department of Insurance Payment Receipt

Your Form 1071 payment of \$1.00 has been successfully submitted. The details of your transaction are shown below.

Transaction ID: 15072002036483
Item: Form 1071 Premium Taxes Payment(s)
Remitter: Bernadine Jones
Checking Account Used: XXXXXX0732
Amount: \$1.00

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Questions & Comments

Bernadine Jones

Compliance Examiner Manager

August 6, 2015